

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155771	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/20/2025
NAME OF PROVIDER OR SUPPLIER Otterbein Franklin Seniorlife Comm Res & Com Care		STREET ADDRESS, CITY, STATE, ZIP CODE 1070 W Jefferson St Franklin, IN 46131	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation and interview, the facility failed to ensure the kitchen was thoroughly cleaned for 1 or 1 random observations. Finding includes: During an interview on 10/20/25 at 9:10 a.m., Dietary Aide 1 indicated the kitchen floors were supposed to be swept and mopped every day. The floors under the serving line, heat tables, and prep tables should have been cleaned thoroughly. During an interview on 10/20/25 at 9:11 a.m., the Dietary Director indicated the kitchen floors should have been thoroughly cleaned. During a random kitchen observation on 10/20/25 from 9:12 a.m. until 9:22 a.m., under the service line tables, the heat tables, and food prep tables, there was a buildup of old dried food particles, grapes, dirty food containers, silverware, and thick buildup of dust and debris. On 10/20/25 at 11:30 a.m., the facility was unable to provide a policy regarding cleaning kitchen floors. This citation relates to Intake 2645627.3.1-21(i)(2)3.1-21(i)(3)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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